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6/10/03
Date of Facsimile

Paul E. Rauch, Ph.D., Registration No. 38,591
Name of Applicant, assignee or
Registered Representative

[Signature]
Signature

Our File No. 09800240-0027

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

A.J. McHugh et al.

Serial No. 09/733,640

Filing Date: December 8, 2000

For CRYSTALLIZABLE / NON-
CRYSTALLIZABLE POLYMER
COMPOSITES

Examiner S. Gollamudi

Group Art Unit No. 1616

AMENDMENT AND REQUEST FOR RECONSIDERATION

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Responsive to the Office Action of December 11, 2002, Applicants respectfully
request reconsideration in light of the following remarks.

#16C
m.m.
9/26/03

Sonnenschein
SONNENSCHN NATH & ROSENTHAL

Facsimile Transmittal Sheet

DATE• June 10, 2003

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233 South Wacker Drive
Chicago, IL 60606 Chicago
312.876.8000 Kansas City
312.876.7934 fax Los Angeles
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PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME• Examiner S. Gollmudi
FIRM• USPTO, Group Art Unit 1616
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FROM• Paul Rauch

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DATE• September 23, 2003

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312.876.7934 fax
www.sonnenschein.com

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GROUP ART UNIT 1616

Serial No. 09/733,640

Attached is a copy of an Amendment and Request for Reconsideration and facsimile coversheet confirming that a response was filed on June 10, 2003.

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POLYMER COMPOSITES**

)
)
) Examiner S. Gollamudi

)
) Group Art Unit No. 1616

TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is:

- ☒ Credit Card Payment Form
☒ Three-month Extension of Time (in duplicate)
☒ Amendment and Request for Reconsideration
☒ No additional fee is required for additional Independent, Dependent or Multiple Dependent Claims.

					Small Entity		or	Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously	Present Extra	Rate	Addit. Fee		Rate	Addit. Fee
Total	25	Minus	47	0	x 9 =	\$		x 18 =	\$ 0
Indep.	2	Minus	9	0	x 42 =	\$		x 84 =	\$ 0
<input type="checkbox"/> First Presentation of Multiple Dependent Claim					x 140 =	\$		x 280 =	\$ 0
Total Additional Fee						\$		Total	\$ 0

- ☒ The Commissioner is hereby authorized to charge any fees associated with this communication not covered by check or credit card payment or credit any overpayment to Deposit Account No. 19-3140. A duplicate copy of this sheet is attached.

Respectfully submitted,

[Signature]
Paul E. Rauch, Ph.D.
Registration No. 38,591
Attorney for Applicants

SONNENSCHN NATH & ROSENTHAL
P. O. BOX 061080
WACKER DRIVE STATION, SEARS TOWER
CHICAGO, IL 60608

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